2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **P96000089283** J & L PATTON, INC. 04-20-2000 90048 014 ***150.00 Principal Place of Business Mailing Address RT 1, BOX 2495 RT 1. BOX 2495 FT WHITE FL 32038 FT WHITE FL 32038-9410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 59-3410389 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- --6. Name and Address of Current Registered Agent Name PATTON, JIMMIE R Street Address (P.O. Box Number is Not Acceptable) ROUTE 1, BOX 2495 FT WHITE FL 32038 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Addition Change ☐ Delete TITLE TITLE PATTON, JIMMIE R NAME NAME STREET ADDRESS STREET ADDRESS **ROUTE 1, BOX 2495** CITY-ST-ZIP FT WHITE FL 32038 CITY-ST-ZIP Delete ☐ Change Addition TITLE ISAACS, THURMAN F NAME STREET ADDRESS STREET ADDRESS 3499 WOODRIDGE PKWY CITY-ST-ZIF CITY-ST-ZIP PALM HARBOR FL 34684 TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

4-15-00 904-454-0407